

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12393

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Cecile
Port Deposit.

Life

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Edward Cleveland Blackburn

4. Sex

5. Color or race

6. (a) Single, married, widowed or divorced

Male

White

Widowed

6. (b) Name of husband or wife

Edith Wilson Blackburn

7. Birth date of deceased (mo., day, yr.)

Dec. 22, 1886

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

62 0 7 hrs. min.

9. Birthplace

Port Deposit, Cecil, Md.

(Town, county, and state)

10. Usual occupation

Stove Foundry

MOTHER FATHER

James A. Blackburn

12. Name

Cecil Co., Md.

13. Birthplace

Marionne Frizell

14. Maiden name

Va.

15. Birthplace

Marion E. Blackburn

16. Informant

Port Deposit, Md.

Address

17. Burial

Date thereof Jan. 2, 1949

(Burial, cremation, or removal. Which?)

Cemetery or crematory

West Nottingham Cemetery

Location

Colona, Md. Rural

18. Funeral director

Lula Patterson & Son

Address

Perryville, Md.

19. Date rec'd by registrar

19 49

Date signed

Name of registrant

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Cecile

City or town Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1948 at 10:51 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 20 1948 to Dec. 29 1948

and that I last saw him alive on Dec. 29 1948

Immediate cause of death

Pulmonary Tuberculosis

DURATION

3 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

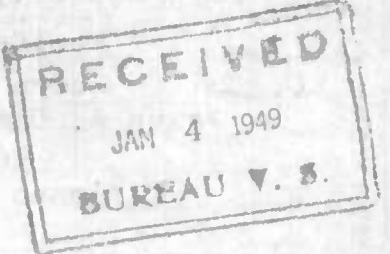
Means of injury

Injured at work?

23. SIGNATURE

B. J. Benson, M.D. M. D. or other

Address Port Deposit, Md. Date signed 12/30/48



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12394

CERTIFICATE OF DEATH

Reg. Dist. No. 93d

1294

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

36 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Lewis Benjamin Brown.

4. Spouse

5. Color or race

6. (a) Single, married, widowed, or divorced

In Hite married

Martha E. Brown.

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

May 28 1886

6. (c) If alive, give age 61 years

8. AGE:

Years 62 Months 6 Days 18 If less than one day

hrs. min.

9. Birthplace

Cecil Co. Md.

(Town, county, and state)

10. Usual occupation

Trackman - RR.

11. Industry or business

Geo. W. Brown.

Mother Father

Geo. W. Brown.

Mother

Cecil Co. Md.

14. Maiden name

Annie M. Isaacs.

15. Birthplace

Cecil Co. Md.

16. Informant

Martha E. Brown.

Address

Pung Snn Md.

Burial

(Burial, cremation, or removal. Which?)

Date thereof 12-18-48

(month) (day) (year)

Cemetery or crematory

Method

Location

North East Md.

18. Funeral director

Joseph R. Davis

Address

North East Md.

19. Date rec'd by registrar

1948

Sarah E. Rothermel

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

(If outside city or town limits, write RURAL and give nearest town)

Md. Cecil

Pung Snn Rural.

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

705-10-4167

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 15 1948 at 3:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to.....

and that I last saw h..... alive on.....

Immediate cause of death

Cerebral hemorrhage

8 Pneumonia

Arthritis

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

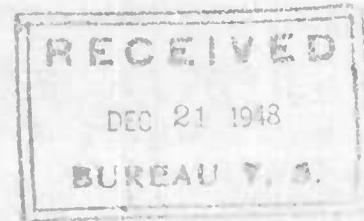
Medical Examiner

for Cecil County

M. D. or other

Date signed

Address



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

52 b
12395
Reg. Dist. No. 12921. PLACE OF DEATH: Cecil

County.....

City or town... Elkton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 mos

Hospital, institution, or street address where death occurred:

501 Hollingsworth Ave.

How long in hospital or institution?

3. (a) FULL NAME

Charles B Buckworth

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

M. wh Married8. (b) Name of husband or wife... Lena S. Buckworth

7. Birth date of

deceased (mo., day, yr.) March 14, 18838. (c) If alive, give age 61 years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

8. Birthplace...

Bohemia Miner - Cecil Co

(Town, county, and state)

10. Usual occupation...

Retired Farmer

11. Industry or business

MOTHER FATHER

12. Name... Samuel Buckworth13. Birthplace Cecil Co Md14. Maiden name Sarah Rodman15. Birthplace Cecil Co, Md

16. Informant

Mrs Chas Buckworth

Address

Elkton, Md

17. Burial

(Burial, cremation, or removal Which?)

Date thereof... Dec 29 1948
(month) (day) (year)

Cemetery or crematory

Bethel Chas City Md

Location

New Chesapeake City Md

18. Funeral director

W W Phillips

Address

Elkton, Md

19. Date rec'd by registrar

Dec 29 1948

19.

H Brager

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Cecil

City or town

Elkton, Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

501 Hollingsworth Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH December 26 19 48 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 20 19 47 to Dec 26 19 48and that I last saw him alive on Dec 24 19 48

Immediate cause of death

Carotidoma of kidney

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma of bladder. Low
prosthetic removal. Urine cloudy. Date of op. 1945

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur?

(City or town)

(County)

(State)

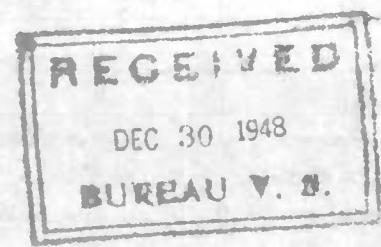
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

H. J. Doris M.D.
M. D. or other
Address Chesapeake, Md Date signed Dec 29 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12396
164C

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County.....

City or town.....

Cecil Elston Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

3 years.

Hospital, Institution or street address where death occurred:

Rd 4 Elston

How long in hospital or institution?.....

3. (a) FULL NAME

*Albert Lee Caldwell Jr.*3. (b) Social Security Number *218-07-9619*

4. Sex

M

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Dorothy Caldwell

7. Birth date of deceased (mo., day, yr.)

Jan 1 1908

6. (c) If alive, give age.....

33

years

8. AGE:

Years

40

Months

11

Days

24

If less than one day

hrs.

min.

9. Birthplace.....

Marion, Va.

(Town, county, and state)

10. Usual occupation.....

Laborer.

11. Industry or business

Andrew Caldwell

12. Name.....

Andrew Caldwell

13. Birthplace

Garrison Leo Va.

14. Maiden name

Mary Sexton

15. Birthplace

Garrison Leo Va.

16. Informant

Mrs Dorothy Caldwell

Address

Elston Rd Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof.....
(month) (day) (year)

Cemetery or crematory

Baptist Cem.

Location

Columbia Md.

18. Funeral director

J E. Tyson

Address

Rising Sun Md.

19. Date rec'd by registrar

Dec 24 1948

19 48

Registrar

P. H. Hodson M.D.
for Cecil County
M. D. or other

Date signed

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md. *Cecil*

City or town.....

Elston Rural. *Blue Ball Road.*

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec 24 1948 at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to.....

19.....

and that I last saw him.....alive on.....

19.....

Immediate cause of death

Penetrating rifle
shot in foot
Due to
breast.

DURATION

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....
*Suicide*Date of.....
*Dec 24 1948*Where did injury occur?.....
Elston Cent Md.

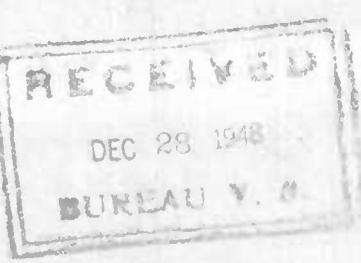
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
*None*Means of injury.....
*Rifle*Injured at work?.....
No

23. SIGNATURE

P. H. Hodson M.D.
Medical Examiner
for Cecil County
M. D. or other

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12397

96

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Cecil

City or town Perry Point, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Yrs. 2 Mos. 2 Days

Hospital, institution, or street address where death occurred:

VA Hospital, Perry Point, Maryland

How long in hospital or institution? 2 Yrs. 2 Mos. 2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Delaware

County New Castle

City or town Wilmington

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3508 Market Street

(If rural, give LOCATION)

WW II

2.(a) If veteran, name war.

3. (a) FULL NAME

CAPELLA, Joseph F.

also known as Joseph F. Capaldi

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo. day, yr.) December 27, 1913

8. AGE: Years Months Days If less than one day
34 11 19 hrs. min.9. Birthplace Wilmington New Castle Delaware
(Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name Michael Capaldi

13. Birthplace Italy

14. Maiden name Anna De Pace

15. Birthplace Italy

16. Informant Hospital Records

Address VAH, Perry Point, Md.

17. Burial Date thereof 12-14-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Cathedral Cemetery,
WILMINGTON, Delaware

Location

18. Funeral director H. W. Pippenston

Address Elkins, Md.

19. Dec'd 11 1948 Issued E. Lang Registrars

MEDICAL CERTIFICATION

20. DATE OF DEATH December 10 1948, at 8:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 23, 1948, to December 10, 1948,

and that I last saw him alive on December 10, 1948.

Immediate cause of death Meningitis

(not due to meningococcus.)

DURATION

Due to following operation (pre-frontal lobotomy.)

Due to

Other conditions Schizophrenia (Dementia

Praecox (Include pregnancy within 3 months of death)

Major findings of operations No evidence of pathology at operation Date of op 12-9-48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Canteen MD

D. or other

Address 29 Hospital Rd. Perry Point, Md. Date signed 12/11/48

RECEIVED

DEC 14 1948.

BUREAU U. S.

Qwest 91

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12398

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County

Cecil
Elton

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 46 hrs.

Hospital, institution, or street address where death occurred:

Union Hospital

How long in hospital or institution? 46 hrs.

3. (a) FULL NAME

Robert Francis Carreras

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male

white

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo. day yr.)

6. (c) If alive, give age years

Dec 12 1948

1 Day 22 hrs 1948

8. AGE: Year

Months

Days

11 less than one day

1

22 hrs.

1 min.

9. Birthplace

Elton, Cecil, Maryland

(Town, county, and state)

10. Usual occupation

meat broker

11. Industry or business

MOTHER FATHER

Leo Samuel Carreras

Philadelphia, Pennsylvania

14. Maiden name Mexie Adele Tatibus

15. Birthplace Germantown Pennsylvania

16. Informant

Mrs. Leo Carreras

Address

Elton R.D. #4 Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Jan 3, 1949

(month) (day) (year)

Cemetery or crematory Catholic

Location

Elton, Md

18. Funeral director

H. H. Frazee

Address

Elton, Md

19. Jan 3

19. 49

(Date rec'd by Registrar)

F. B. Frazee

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Elton

(If outside city or town limits, write RURAL and give nearest town)

Street No. R.D. # 4

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31st 1948 at 5:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

29 Dec

19. 48 to

31 Dec

19. 48

and that I last saw him alive on

31 Dec

19. 48

Immediate cause of death

Cirrhosis of Liver

DURATION

48 hrs

Due to

Liver Cirrhosis

48 hrs

Due to

Other conditions (not due to other causes)

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

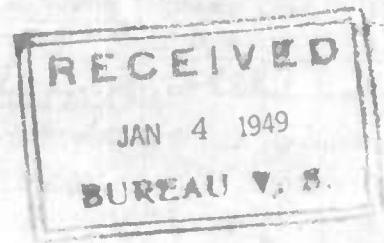
23. SIGNATURE

George J. Klein, Jr.

M. D. or other

Address Elton, Md.

Date signed Jan 49



12399

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

35 years

Hospital, institution, or street address where death occurred:

Union Hospital

How long in hospital or institution?

2 weeks

3. (a) FULL NAME

John F. Devine

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Widowed

6. (b) Name of husband or wife

Annette V. Devine

6. (c) If alive, give age.....years

7. Birth date of deceased (mo. day yr.)

June 22, 1974

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

New York

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

12. Name

No information

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Marion Devine

Address

171 W. High St Elstton Rd.

17. Burial

(Burial, cremation, or removal. Which?) Date thereof... Dec 16 1948

(month) (day) (year)

Cemetery or crematory

Elstton Cemetery

Location

Elstton Md.

18. Funeral director

H. W. Pippin & Son

Address

Elstton Md. by W.A. Judy

Dec 16 1948
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Cecil

City or town... Elstton

(If outside city or town limits, write RURAL and give nearest town)

Street No... 141 W. High St Elstton

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

212-01-2154

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 13 1948 at 6¹⁵

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 25 to Dec 13, 1948, and that I last saw him alive on December 13, 1948.

Immediate cause of death

Acute myocardial
Failure

DURATION

15 min

Due to

Due to

Other conditions Hyperthyroid
of prostate

(Include pregnancy within 3 months of death)

Major findings or operations

? enlarged prostate

Date of op. Dec. 17, 1948

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

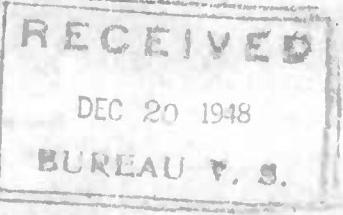
Injured at work?

23. SIGNATURE

J. Edward J. Sprecher, M.D.
Elstton, Md.

M. D. or other

Date signed Dec. 13, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12400
Be
92b

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County CECIL

City or town VAH., Perry Point, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 Months 22 days

Hospital, institution, or street address where death occurred:

VA Hospital, Perry Point, Maryland

How long in hospital or institution? 3 Months 22 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

City or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 2015 Letitia Avenue

(If rural, give LOCATION)

WW-II

2.(a) If veteran, name war

3. (a) FULL NAME

DONNELLY, John Thomas

4. Sex

Male

5. Color or race

White.

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

12-30-1900

8. AGE:

Years 47

Months 11

Days 5

If less than one day

hrs.

min.

9. Birthplace

Baltimore, Maryland

(Town, county, and state)

10. Usual occupation

Mechanic - Post Office

11. Industry or business

12. Name William Thomas Donnelly

13. Birthplace Baltimore, Maryland

MOTHER FATHER

14. Maiden name Lena Bernhardt.

15. Birthplace Baltimore, Maryland

16. Informant Hospital Records

Address VAH., Perry Point, Maryland

17. Removal

Date thereof 12-5-48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Loudon Park,

Location Frederick Avenue, Baltimore, Maryland

Wm Cook Jr. per. & son

18. Funeral director WILLIAM COOK, INC.

Address 1217 St Paul St., Baltimore, Maryland

19. Dec 5 1948 Irene S. Donnelly
(Date rec'd by Registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4.

1948 at 11:30P

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

August 12, 1948 to December 4, 1948

and that I last saw him alive on December 4.

1948

Immediate cause of death

Edema, pulmonary, acute

DURATION

24 hrs.

Due to Myocarditis, chronic

secondary to

Mitral Valve Stenosis

Unknown

Unknown

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results Same as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

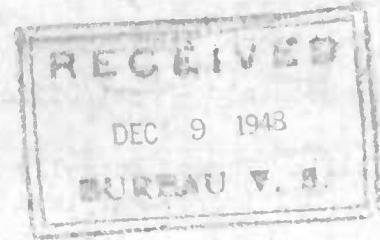
Injured at home, farm, industry, pub'l place (where?)

Means of injury

Injured at work?

Signature STELIO Z. IMPRESCIA, M.D. or other

Address VAH., Perry Point, Md. Date signed 12/5/48



PLEASE WRITE PLAINLY, WITH UNEADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12401
93d
95

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH

County

Dear

City or town

New Valley

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

5 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Minnie J. Eckard

4. Sex

Female

5. Color or race

white

6.(a) Single, married, widowed, or divorced

married

6.(b) Name of husband or wife

Henry Eckard

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

Jan. 16, 1877

8. AGE:

Years

Months

Days

If less than one day

H

hrs.

min.

9. Birthplace

Churchville, Augusta Co. Va.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Robert Snyder

12. Name

Robert Snyder

13. Birthplace

Va.

14. Maiden name

Eva Tiglic

15. Birthplace

Va.

16. Informant

James Eckard

Address

Liberty Grove

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof (month) (day) (year)

Cemetery or crematory

Green Hill

Location

Churchville, Augusta Co. Va.

18. Funeral director

Ralph M. Reed

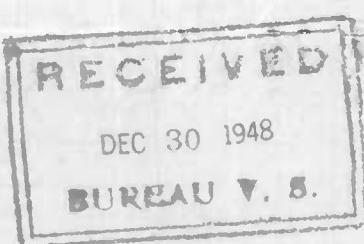
Address

Rising Sun Md.

19. Date rec'd by registrar

Dec 29 1948

19.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12402

CERTIFICATE OF DEATH

131a
Reg. Dist. No. 94

1. PLACE OF DEATH:

County

Cecil

City or town

North East, Penns.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Lifetime

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary Emma Gray

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

white Married

6. (b) Name of husband or wife

George N. Gray

7. Birth date of deceased (mo. day, yr.)

Jan 14 1879

(b) If alive, give age 70 years

8. AGE:

Years 69

Months 11

Days 17

If less than one day

hrs. min.

9. Birthplace

Cecil Co. Md

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Elisha B. Mahoney

MOTHER FATHER

12. Name

Md

13. Birthplace

Mary E. Hall

MOTHER

Lydell Penna

14. Maiden name

George N. Gray

15. Birthplace

North East, Md

16. Informant

Address

Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

Funeral director

Address

Date thereof

(month)

(day)

(year)

Sarah E. Rothermel

Registrar

James L. Johnson

M. D. or other

Elkton, Md

Date signed 12/21/48

Date rec'd by registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Cecil

City or town

North East, Penns.

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 31 1948 at 9:50 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 10, 1948 19... to Dec. 31 1948

and that I last saw her alive on December 26, 1948

Immediate cause of death

Cortic Insufficiency

Due to

Due to

Other conditions

Ch. paraplegia, weight loss

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James L. Johnson M.D.

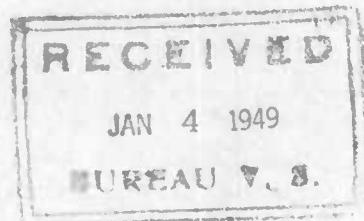
Address

Date signed 12/21/48

sent to 18th parallel
to tell
Soviets to get
out and stand

to 18th parallel

sent to 18th parallel



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12403

CERTIFICATE OF DEATH

Reg. Dist. No. 93d 96

1. PLACE OF DEATH: Cecil
County.....
City or town..... Port Deposit
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 months
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County.....
City or town..... Conowingo Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)

3. (a) FULL NAME
John E. Haines

3. (b) Social Security Number
218-05-7200

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Widowed

6.(b) Name of husband or wife..... Jennie Haines

7. Birth date of deceased (mo., day, yr.) Nov. 27, 1879
6.(c) If alive, give age..... years

8. AGE:	Years	Months	Days	If less than one day
69	0	7		.hrs. .min.

8. Birthplace..... Conowingo Cecil Co. Md.
(Town, county, and state)

10. Usual occupation..... Laborer
11. Industry or business..... Day

12. Name..... John M. Haines
13. Birthplace..... Harford Co. Md.

MOTHER FATHER
14. Maiden name..... Catherine Berry
15. Birthplace..... Cecil Co. Md.

16. Informant..... Margaret A. Gaylor
Address..... Port Deposit, Md.

17. Burial..... Date thereof Dec. 7, 1948
(Burial, cremation, or removal. Which?)

Cemetery or crematory..... Mt. Zoar Cemetery

Location..... Conowingo Cecil Co. Md.

18. Funeral director..... W.W. Patterson & Son
Address..... Perryville, Maryland.

VS A15 9-45
19. Date rec'd by registrar..... Dec. 6, 1948
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 4 Dec 1948, at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased and that I last saw him alive on Sept 19, 1948, to Dec 19, 1948.

Immediate cause of death..... Hernia

DURATION

Due to..... Cerebral Vascular Accident - L. Hemiplegia

Due to..... A.S.C.V.D.

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

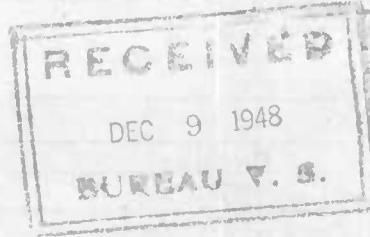
Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... J.H. Sadowsky M.D.

M. D. or other.....

Address..... Perryville, Md. Date signed..... Dec 48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12404
93d

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH:

County

Cecil

City or town

Rising Sun

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 94 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Margaret H. Haines

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo. day. yr.)

March 12, 1854

6. (c) If alive, give age years

8. AGE:

Years
94Months
8Days
28If less than one day
hrs.
min.

9. Birthplace

Rising Sun, Md.
(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

MOTHER FATHER

12. Name Joseph H. Haines

13. Birthplace Rising Sun, Md.

14. Maiden name Rebecca Lincoln

15. Birthplace Rising Sun, Md.

16. Informant

Edward C. Dixon

Address 15-28 Walnut Street Philadelphia Pa

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Dec 13 1948
(month) (day) (year)

Cemetery or crematory Brookhaven

Location Rising Sun

18. Funeral director

E. Tyson

Address

Rising Sun, Md.

19.

Date rec'd by registrar

19. (Data rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.

County

Cecil

City or town

Rising Sun, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 10 1948 at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 6 - 48 to Dec 10 1948
and that I last saw her alive on Dec 10 1948

Immediate cause of death

Cerebral Hemorrhage

DURATION

2 days

Due to

Arteriosclerosis

10 yrs

Other conditions Ch. Myocarditis

12 yrs

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide...

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

S. Johnson M.D. M.D. or other
Date signed 12/11/48

Registrar

Address

RECEIVED

DEC 14 1948

BUREAU F. B. I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

131a

Reg. Dist. No. 94

12415

1. PLACE OF DEATH:

County.....

Cecil

City or town.....

North East

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Lifetime

Hospital, Institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Henry L. Harvey

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Widowed

6. (b) Name of husband or wife.....

Margaret R

7. Birth date of deceased (mo., day, yr.)

Mar 24 1872

6. (c) If alive, give age _____ years

8. AGE:

Years Months Days If less than one day
76 8 27 hrs. min.

9. Birthplace.....

North East Md

(Town, county, and state)

10. Usual occupation.....

Commercial Fisherman

11. Industry or business

George W Harvey

12. Name.....

North East Md

13. Birthplace.....

Elizabeth G Friday

14. Maiden name.....

Penns

15. Birthplace.....

Miss Elizabeth Harvey

16. Informant.....

North East Md

Address.....

Burial, cremation, or removal. Which?)

Date thereof.....

(month) (day) (year)

Cemetery or crematory.....

Method used

Location.....

North East Maryland

18. Funeral director.....

Joseph P. Grant

Address.....

North East Md

19. Date rec'd by registrar.....

1948

Sarah E. Rothamel

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md

County.....

Cecil

City or town.....

North East

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

-

(If rural, give LOCATION)

2.(a) If veteran, name war.....

not a veteran

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

21 Dec 1948 at 9:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1946 to 21 Dec 1948

and that I last saw him alive on 21 Dec 1948

Immediate cause of death.....

Coronary Occlusion

DURATION

12 hours

Due to.....

Generalized Arteriosclerosis
Hypertensive Cardiovascular
Disease

10 years

Due to.....

Chr. rheumatoid arthritis
Acute Disease

5 years

Other conditions.....

Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE.....

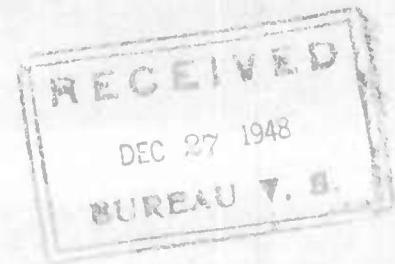
Klaus H Huebler M.D.

M. D. or other

Address.....

North East, Md

Date signed 22 Dec 48



PLEASE WRITE PLAINLY, ~~WITH~~ UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12406

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County

City or town

Elkton Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Cell type

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

William James Holland

3. (b) Social Security Number

213-05-3993

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M. White Divorced

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Sept 24, 1877

6. (c) If alive, give age years

8. AGE:

71 2 12 hrs. min.

9. Birthplace

Fair Hill Md

(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

Daniel L Holland

Woodbury N J

Anna Elizabeth Curing

Lewistown Pa

LeRoy Scott

Elkton R D 3. Md.

Burial

Date thereof Dec 11/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Lewistown Pa (St Johns)

Lewistown Pa

Location

Hotspur

Elkton Md

Address

Dec 11 1948

(Date rec'd by registrar)

H. Frazar

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants give residence of mother)

Md. Cecil

Elkton Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1948 at 7 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19.

and that I last saw him alive on

Immediate cause of death

acute coronary

Disease.

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

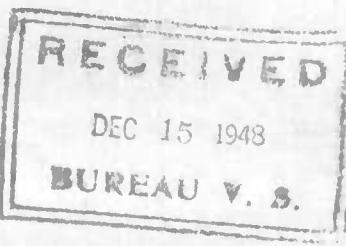
Injured at work

23. SIGNATURE

R. LeDockett M.D. Medical Examiner for Cecil County

M. D. or other

Address Rising Sun Md Date signed 12-9-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12407

131a

CERTIFICATE OF DEATH

Reg. Dist. No.

96

1. PLACE OF DEATH:

County CecilCity or town Perry Point, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 0 yrs. 4 mos. 5 days

Hospital, institution, or street address where death occurred:

Veterans Administration HospitalHow long in hospital or institution? Since July 1948

3. (a) FULL NAME

HUFF, Charles R.4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Louise T. Huff7. Birth date of deceased (mo. day. yr.) March 23, 1890 6.(c) If alive, give age years8. AGE:

Years	Months	Days	If less than one day
58	9	6	hrs. min.

9. Birthplace Muscatine, Iowa
(Town, county, and state)10. Usual occupation Unknown

11. Industry or business

12. Name Unknown13. Birthplace Unknown14. Maiden name Unknown - deceased15. Birthplace Unknown16. Informant Hospital recordsAddress VA Hospital, Perry Point, Md.17. Removal VA Hospital, Perry Point, Md.

(Burial, cremation, or removal. Which?)

Date thereof 12-30-48

(month) (day) (year)

Cemetery or crematory Arlington Nat'l CemeteryLocation Arlington, Virginia18. Funeral director Brennan & SonAddress Havre de Grace, Maryland

19. Dec. 30, 1948

(Date rec'd by registrar)

Irene E. Daugherty

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D.C. County WashingtonCity or town Washington (If outside city or town limits, write RURAL and give nearest town)Street No. 1887 Monroe Street, N.W.

(If rural, give LOCATION)

2.(a) If veteran, name war WW-I

3. (b) Social Security Number

Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29, 1948 at 12:15 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 24, 1948, to Dec. 29, 1948 and that I last saw him alive on December 29, 1948.

Immediate cause of death

Hypertensive cardio-vascular
renal disease

DURATION

Unknown

Due to

Due to

Other conditions Arteriosclerosis,
generalizedUnknown

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results Same as above

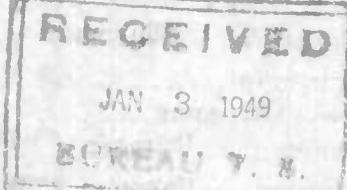
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causee, fill in the following:

Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) - (County) - (State)Injured at home, farm, industry, publc place (where?) -Means of injury - Injured at work? -

23. SIGNATURE

E. TROLLINGER, M.D. Chief, Professional ServiceAddress VAH, Perry Point, Md.Date signed 12-30-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12468

CERTIFICATE OF DEATH

Reg. Dist. No. 95

466

1. PLACE OF DEATH:

County

Cecil Co.

City or town

outside Rising Sun Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

40 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Anne B. W. James

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

white

Married

6. (b) Name of husband or wife

Nelson James

6. (c) If alive, give age 75 years

7. Birth date of deceased (mo. day, yr.)

Sept 13 1875

8. AGE:

Year
73Months
3Date
4If less than one day
hre.
min.

9. Birthplace

Sylvan Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Stephen Woodrow

MOTHER FATHER

12. Name

Rosalindville Md.

13. Birthplace

Flemoria Nestell

14. Maiden name

Port Deposit Md.

15. Birthplace

Nelson James

16. Informant

Rising Sun Md.

Address

17. Burial

Date thereof Dec 20 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

West Nottingham Friends Cem

Location

Rising Sun Md.

18. Funeral director

J. E. Tyson

Address

Rising Sun Md.

19. Date rec'd by registrar

Dec 18-1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland County Cecil Co.

City or town

Outside Rising Sun Md.

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 10 1947 to Dec 16 1948

and that I last saw her alive on Dec 16 1948

Immediate cause of death

Pneumonia

General

Due to suppurating lung

Salmonella

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

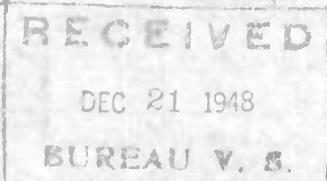
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

M. D. or other

Address Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12409

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County..... CecilCity or town..... Perry Point, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 Yrs, 5 mos, 2 days

Hospital, institution, or street address where death occurred:

VA Hospital, Perry Point, Md.How long in hospital or institution? Unknown

3. (a) FULL NAME

KLINEFELTER, Joseph4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) August 25, 1892 6. (c) If alive, give age..... years8. AGE: Years 56 Month 3 Days 24 If less than one day hrs. min.9. Birthplace..... Baltimore, Md.
(Town, county, and state)10. Usual occupation..... Telegraph operator

11. Industry or business

12. Name John R. Klinefelter - deceased13. Birthplace Baltimore, Md.14. Maiden name Miss Caroline Kemel - deceased
15. Birthplace Maryland16. Informant Hospital recordsAddress VAH, Perry Point, Md.17. Removal Date thereof Dec. 23, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Arlington National CemeteryLocation Fort Myer, Va.18. Funeral director PENNINGTON & SON
Address Havre de Grace, Md.Date rec'd by registrar Dec. 22, 1948 E. E. Trolling
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... New Jersey County.....City or town..... Nutley
(If outside city or town limits, write RURAL and give nearest town)Street No. #2 Orange Street
(If rural, give LOCATION)2.(a) If veteran, name war WW-I

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 19, 1948 at 2:15 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 17, 1948, to Dec. 19, 1948, and that I last saw him alive on December 19, 1948.

Immediate cause of death

Bronchopneumonia

DURATION

3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide none Date of

Where did injury occur? (City or town) (County) (State)

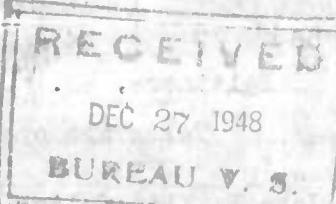
Injured at home, farm, industry, public place (where?)

Name of injury

Injured at work?

23. SIGNATURE

A. E. TROLLINGER, M.D., Chief, Professional Svcs
Address VAH, Perry Point, Md. Date signed Dec. 22, 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

12410

92

1. PLACE OF DEATH:

County.....

City or town.....

Cecil

Rural near Elkton, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Life
R.D. 2, Md.

How long in hospital or institution?

3. (a) FULL NAME

Edward F. Lewis

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M. wh Married

6. (b) Name of husband or wife

Julia Lewis

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Nov. 12, 1888

8. AGE:

Years

Months

Days

If less than one day

60

26

hrs.

min.

9. Birthplace.....

Elkton,

(Town, county, and state)

10. Usual occupation.....

Farmer

11. Industry or business

Henry A. Lewis

12. Name.....

Elkton, Md.

13. Birthplace.....

Dona Belle Walker

14. Maiden name.....

Elkton R.D. 2 Md

15. Birthplace.....

Mrs. Julia Lewis

16. Informant.....

Elkton R.D. 2 Md

Address.....

Burial

Date thereof.....

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory.....

Bethel

Location.....

New Chesapeake City, Md

18. Funeral director.....

H. W. Pippin

Address.....

Elkton, Md.

19. Date rec'd by registrar.....

(Date rec'd by registrar)

Dec 11 1948

F. R. Fraser

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md

County.....

Cecil

City or town.....

Rural near Elkton,

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

Elkton R.D. 2 Md

(If rural, give LOCATION)

2.(a) If veteran, name war.....

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

12/17/48 at 11:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12/17/48 to 1948, to 1948

and that I last saw h. in alive on 12/17/48 to 1948

Immediate cause of death.....

Coronary occlusion

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations.....

Data of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

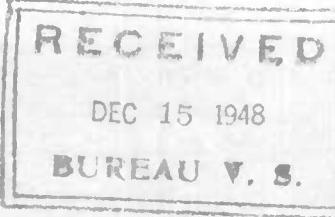
Injured at home, farm, industry, public place (where?)

Manner of injury..... Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... Date signed.....



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

12411
92

1. PLACE OF DEATH:
 County Cecil
 City or town Elkton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John Henry Lotman
 4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced
Single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) March 16, 1948
 B.(c) If alive, give age years

8. AGE: Years 10 Months Days If less than one day
 hrs. min.

B. Birthplace Elkton Cecil Maryland
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name Joseph Harris13. Birthplace No Information14. Maiden name Anna Lotman15. Birthplace Elkton Md.16. Informant Wm CrossAddress Elkton, Md.17. Burial Burial Date thereof Dec 31 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Wesley ChapelLocation Near Elkton Md18. Funeral director J. W. Pipkin & SonsAddress Elkton, Md. By W.H. L.19. Dec 31 1948 (Date rec'd by registrar) F.R. Fraser
Registrar2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Cecil
 City or town Elkton
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29 1948 19 48 at 7:40 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 20 1948 to Dec 29 1948 and that I last saw him alive on December 29 19 48.

Immediate cause of death.....

Bronchitis pneumonia DURATION 1 dayDue to Bronchitis

Due to.....

Other conditions Gastritis

(Include pregnancy within 3 months of death)

Major findings at operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

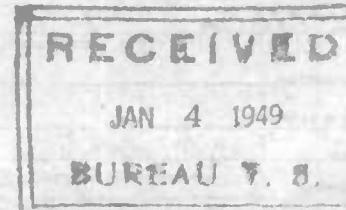
23. SIGNATURE James L. Johnson M.D.

M. D. or other

Address Elkton, Md. Date signed 12/30/48

NEW JERSEY STATE DEPARTMENT OF JUSTICE

CERTIFICATE OF DELIVERY



1 PLEASE WRITE PLAINLY, WITH UPRADING INK. Supply every item of information carefully. The correct page
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12412

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH

County

Cecil Co. Md.

City or town

Rising Sun Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

32 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Albert Marshall McNamee

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male white married

Emma McNamee

6. (b) Name of husband or wife

8. (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.)

Sept 3 1871

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Outside Rising Sun

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

William McNamee

13. Birthplace

Coronado Md.

14. Maiden name

Annie Thompson

15. Birthplace

Port Deposit Md.

16. Informant

Emma McNamee

Address

Rising Sun Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Dec 29 1948

(month) (day) (year)

Cemetery or crematory

Brookview

Location

Rising Sun Md.

18. Funeral director

J. E. Tyson

Address

Rising Sun Md.

19. Date rec'd by registrar

Dec 28 1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

Cecil Co.

City or town

Rising Sun Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(if rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 25 1948 at 100 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Cecil Co. 1948 to December 26 1948

and that I last saw him alive on

1/2/48 1948

Immediate cause of death

laceration
of stomach

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

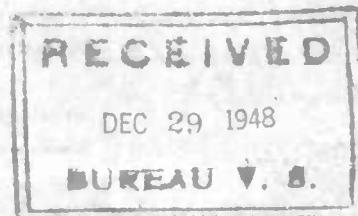
Injured at work?

23. SIGNATURE

H. E. Doctor M.D. or other

Address

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12413

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Elliptical

8 months

How long in above place of death?

Hospital, institution, or street address where death occurred:

311 Park Circle

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Li. White Midori

6.(b) Name of husband or wife

Mrs. D. Myers

7. Birth date of deceased (mo., day, yr.)

Dec. 18 - 1864

6.(c) If alive, give age years

8. AGE:

Years Months Days If less than one day

84 7 hrs. min.

9. Birthplace

Frederick County, Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Non-H. Retail

MOTHER FATHER

John H. Root

Frederick Co. Ind.

Eliza Jane Everts

Frederick Co. Ind.

Eva Ruth Blawster

Address 311 Park Circle Elliptical

Burial, Cremation Date thereof

Dec. 19 1868

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Beverly Done

Location

Patrick Co.

Hollingshead

Address Elliptical, Md.

Dec. 26 1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Md.

Carroll.

City or town (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 25 1948 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to..... 19.....

and that I last saw her..... alive on.....

Immediate cause of death

Delirious
leucorrhea disease

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

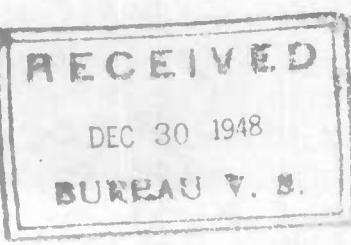
Pleuroperitoneal Medical Examiner

for Cecil County

M. D. or other

Rising Sun Md. Date signed 12/25/48

Address



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12414

92

CERTIFICATE OF DEATH

131a
Reg. Dist. No.

1. PLACE OF DEATH: Cecil
County.....

City or town..... Rural near Elkton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 years

Hospital, institution, or street address where death occurred:

Elkton, Md. P.D. 4

How long in hospital or institution?

3. (a) FULL NAME

Mary E. Olson

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Married.

6. (b) Name of husband or wife Clarance Olson

7. Birth date of deceased (mo., day, yr.) May 28, 1881 6. (c) If alive, give age 60 years

8. AGE: Years 67 Months 6 Days 21 If less than one day
hrs. min.

9. Birthplace Penn
(Town, county, and state)

10. Usual occupation at Home

11. Industry or business

FATHER 12. Name Henry Sanders

13. Birthplace Penna

MOTHER 14. Maiden name Katherine Franks

15. Birthplace Penna

16. Informant Mrs. Clarance Olson

Address Elkton P.D. 4 Md

17. Burial Burial Date thereof Dec 22/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Elkton

Location Elkton, Md

18. Funeral director HW Pappin

Address Elkton, Md

19. Date rec'd by registrar Dec 21, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Cecil

City or town..... Rural near Elkton
(If outside city or town limits, write RURAL and give nearest town)

Street No Elkton, P.D. 4

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH December 19 1948 at 4³⁰ p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 15 1948 to Dec 19 1948 and that I last saw her alive on Nov 15 Dec 19 1948.

Immediate cause of death

Pulmonary Edema

DURATION

Due to Chronic Intestinal
nefritis

Due to.....

Other conditions Chronic Myocarditis

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where)?

Means of injury

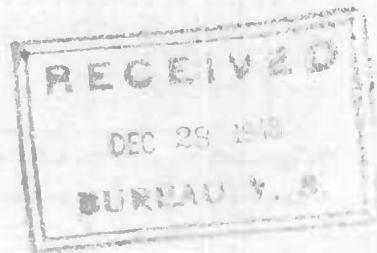
Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 12/20/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12415

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County Cecil

City or town Perry Point, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 0 yrs. 3 mos. 9 days

Hospital, institution, or street address where death occurred:

Veterans Administration Hospital

How long in hospital or institution? Same as above

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County aa

City or town Marley Creek

(If outside city or town limits, write RURAL and give nearest town)

Street No. --

(If rural, give LOCATION)

WW-I

2.(a) If veteran, name war.

3. (a) FULL NAME

OPPEL, Joseph D.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Widower

6.(b) Name of husband or wife.....

6.(c) If alive, give age.....years

7. Birth date of deceased (mo. day. yr.) March 8, 1888

8. AGE: Years 60 Months 9 Days 21 It less than one day hrs. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Baker

11. Industry or business

12. Name Unknown - deceased

13. Birthplace Unknown

14. Maiden name Unknown - deceased

15. Birthplace Unknown

16. Informant Hospital Records

Address VA Hospital, Perry Point, Md.

17. Removal Date thereof Jan. 3, 1949
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Baltimore National Cemetery

Location Baltimore, Md.

18. Funeral director Pennington & Son

Address Havre de Grace, Maryland

19. Date rec'd by registrar Jan. 3 1949 June E. Ellington, Jr.

Registrar

23. SIGNATURE

E. TROLLINGER, M.D., Chief, Professional Svcs.

M.D. or other

Address VAH, Perry Point, Md.

Date signed 12-31-48

46g

MEDICAL CERTIFICATION

20. DATE OF DEATH December 29, 1948, at 9:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 20, 1948, to Dec. 29, 1948, and that I last saw him alive on December 29, 1948.

Immediate cause of death Bronchial pneumonia

DURATION
2 days

Due to hepatitis, cystic, obstructive

Due to carcinoma of pancreas

Other conditions Peritonitis, diffuse, fibrinous

(Include pregnancy within 3 months of death)

Major findings of operations --

Date of op.

Autopsy results Same as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

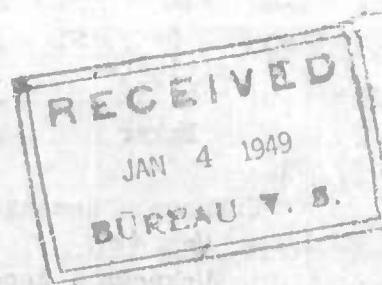
22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide -- Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) --

Means of injury -- Injured at work?



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Be

12416

96

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Cecil

City or town Perry Point, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 23 years, 5 months, 24 days

Hospital, institution, or street address where death occurred:

VA Hospital, Perry Point, Maryland

How long in hospital or institution? 23 years, 5 months, 24 days.

3. (a) FULL NAME

PEDONE, Frank (NMI)

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo. day. yr.)

1880

8. AGE: Years

68

Months

Days

It less than one day

hrs.

min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Unknown

11. Industry or business

MOTHER FATHER

Unknown

12. Name

Unknown

13. Birthplace

Unknown

14. Maiden name

Unknown

15. Birthplace

Unknown

16. Informant

Hospital Records

Address

VAH, Perry Point, Maryland

17. Removal

Date thereof Dec. 25, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Balto National

Location

Frederick Rd.

18. Funeral director

Leo G. Cook Leo G. Cook

Address

1703 N. Patterson Park Ave., Balto., Md.

Dec. 25

1948

(Date rec'd by registrar)

Irvin E. Langford

Registrar

SIGNATURE OF REGISTERING PHYSICIAN, M.D.

M. D. or other

Chief Professional Services

VAH, Perry Point, Md.

Date signed

Dec. 25, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

Baltimore

City or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 2508 E. Preston Street

(If rural, give LOCATION)

2.(a) If veteran, name war World War I

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24

1948, at 9:20 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 30

1948, to Dec. 24

1948

and that I last saw him alive on December 24,

1948

Immediate cause of death Coronary

thrombosis

DURATION

48 hrs.

Due to Coronary sclerosis

Unknown

Due to

Other conditions Arteriosclerosis, generalized

Unknown

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Same as above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

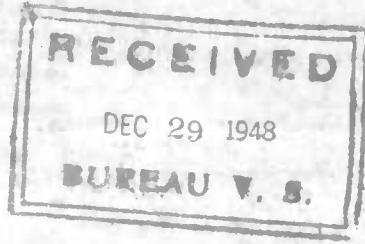
(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Signature of physician



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. True correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12417
gr

Reg. Dist. No. 61

I. PLACE OF DEATH:

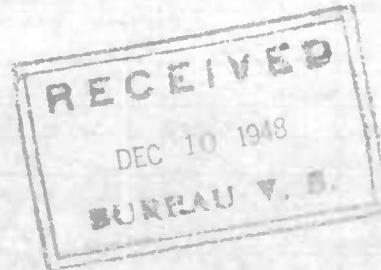
County

City or town

Cecil

Newark Del R.D.

(If outside city or town limits, write RURAL and give nearest town)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12418

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

I

VS A15 9:45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Cecil
 County
 City or town Elkton, Md
(If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 yrs
 Hospital, Institution, or street address where death occurred: 246 Rockall St
 How long in hospital or institution? —

3. (a) FULL NAME

Anna L. Gueck

4. Sex F. 5. Color or race Wh 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife: _____

7. Birth date of deceased (mo., day, yr.) Jan 10, 1865 6. (c) If alive, give age _____ years

8. AGE: Years 83 Months " Days 5 If less than one day _____ hrs. _____ min.

9. Birthplace Phila, Pa
(Town, county, and state)

10. Usual occupation at Home

11. Industry or business John G. Gueck

12. Name John G. Gueck
FATHER

13. Birthplace Germany
MOTHER

14. Maiden name Anna Dorothy Schramm

15. Birthplace Germany

16. Informant Mrs Frank Brody

Address 246 Rockall St Elkton, Md

17. Burial Date thereof December 18/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bethel

Location New Chesapeake City, Md

18. Funeral director Hawthorne

Address Elkton, Md

19. Dec 16 1948 (Date rec'd by registrar) J.R. Ferguson (Registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Cecil
 City or town Elkton
(If outside city or town limits, write RURAL and give nearest town)
 Street No. 246 Rockall St
(If rural, give LOCATION)

2.(a) If veteran, name war: _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 16 1948 at 2:10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1948, to Dec 16 1948

and that I last saw her alive on Dec 15 1948.

Immediate cause of death Cardiac cardiac dilatation

Due to Cardiac vascular
recent debris

Due to: _____

Other conditions: _____

(Include pregnancy within 3 months of death)

Major findings of operations: _____ Date of op. _____

Autopsy results: _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: _____ Date of: _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Howard Dale M.D. M. D. or other _____

Address Elkton, Md Date signed 12/16/48

RECEIVED

DEC 20 1948

BUREAU F. B. I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12419

CERTIFICATE OF DEATH

107
Reg. Dist. No. 92

1. PLACE OF DEATH:

County

City or town

Elkton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 hours

Hospital, institution, or street address where death occurred:

Elkton Hospital at Elkton, Md.

How long in hospital or institution? 3 hours

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

White Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, year)

8. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 22 1948 at 11:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to..... 19.....

and that I last saw him alive on.....

Immediate cause of death

Bilateral Pneumonia

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

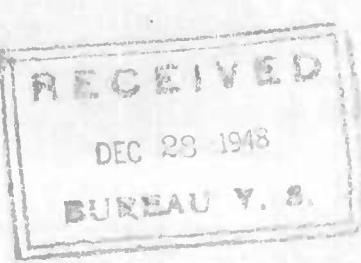
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Pleurodese on rt. Normal Examiner
Cecil County
M. D. or other
Date signed 12/23/48

Address



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12421

Reg. Dist. No. 90

MARGIN RESERVED FOR BINDING

VS A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County.....

City or town.....

Cecilton, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Martha J. Taylor

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

William Taylor

7. Birth date of deceased (mo., day, yr.)

Jan. 3 1871

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace.....

(Town, county, and state)

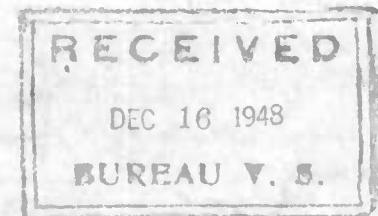
Cecilton, Md.

10. Usual occupation

Housewife

11. Industry or business

</div



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. Use correct age. Supply every item of information carefully. Use correct age. is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12421

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:

County CecilCity or town Perry Point, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 yrs. 3 mos. 12 days

Hospital, institution, or street address where death occurred:

VA Hospital, Perry Point, Md.How long in hospital or institution? Since 5-2-38

3. (a) FULL NAME

WILLIAMS, Harrison4. Sex male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Widower6. (b) Name of husband or wife7. Birth date of deceased (mo. day. yr.) Feb. 7, 1894 8. (c) If alive, give age years8. AGE: Years 54 Months 10 Days 5 If less than one day hrs. min.9. Birthplace Maryland (Town, county, and state)10. Usual occupation Laborer

11. Industry or business

12. Name Cristobel Williams - deceased13. Birthplace Unknown14. Maiden name Margaret Smith - deceased15. Birthplace Unknown16. Informant Hospital recordsAddress VAH, Perry Point, Maryland17. Removal Date thereof Dec. 16, 1948 (Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Baltimore National CemeteryLocation Baltimore, Maryland18. Funeral director Pennington & SonAddress Havre de Grace, Maryland19. Date rec'd by registrar Dec. 16 1948 Irene E. Daugherty

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County BaltimoreCity or town Baltimore (If outside city or town limits, write RURAL and give nearest town)Street No. None

(If rural, give LOCATION)

2.(a) If veteran, name war WW-I

3. (b) Social Security Number

Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH December 12, 1948 at 11:30PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 30, 1948 to Dec. 12, 1948, and that I last saw h. im alive on December 12, 1948.

Immediate cause of death

Tuberculosis, pulmonary, chronic, far advanced

DURATION

Unknown

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

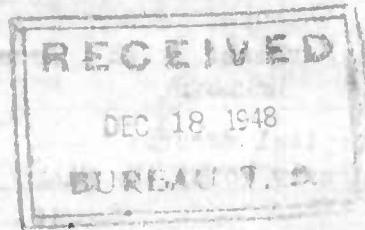
Accident, suicide, or homicide Date ofWhere did injury occur? (City or town) (County) (State)Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. E. Trollingher D. or other
A. E. TROLLINGER, M.D., Chief, Professional Svcs.
Address VAH, Perry Point, Md. Date signed 12-16-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12422

108

CERTIFICATE OF DEATH

Reg. Dist. No.

92

1. PLACE OF DEATH: *Cecil Elkton*
 County *Cecil*
 City or town *Elkton* (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *40 years*
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State *Md* County *Cecil*
 City or town *Elkton* (If outside city or town limits, write RURAL and give nearest town)
 Street No. *220 East High St* (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

4. Sex *Male* 5. Color or race *white* 6.(a) Single, married, widowed, or divorced *Married*
 6.(b) Name of husband or wife *Jessie J. Yeaman*
 7. Birth date of deceased (mo. day, yr.) *July 16 1872* 6. (c) If alive, give age *69* years
 8. AGE: Years *76* Months *5* Days *1* If less than one day *hrs. min.*

9. Birthplace *North East Cecil Co Md* (Town, county, and state)

10. Usual occupation *Carpenter*
 11. Industry or business *Builid 2 years*
 12. Name *Elisha Yeaman*

MOTHER FATHER
 13. Birthplace *Md*
 14. Maiden name *Rebecca Wilson*
 15. Birthplace *Md*

16. Informant *Mrs Harry S. Yeaman*
 Address *220 East High St Elkton Md*
 17. Date thereof *Dec 19 1948* (month day year)
 (Burial, cremation, or removal, Which?)

Cemetery or crematory *Methodist*
 Location *North East Md*
 18. Funeral director *Joseph R. Grant*
 Address *North East Md*

19. Date rec'd by registrar *Dec 17 1948* *F. R. Frazer*
 (Date rec'd by registrar) Registrar

3. (b) Social Security Number*212-14-1242*

MEDICAL CERTIFICATION

20. DATE OF DEATH *December 17 1948* at *12:30 AM*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Jessie J.* 1948 to *December 17 1948* and that I last saw him/her alive on *December 17 1948*

Immediate cause of death *Cerebral pneumonia* DURATION *2 days*

Due to *Bronchitis* *2 days*

Due to *Hemiplegia* *6 hours*

Other conditions *Cardiac*

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE *James L. Johnson* M.D. M. D. or otherAddress *Elkton, Md* Date signed *12/17/48*

Post office

at night

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FBI - NY

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DEC 20 1948

BUREAU V. S.